

Review Group	Type	Activity	Grant Number
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Total Project Period

From: Through:

Requested Budgt Period

From: Through:

## 1. TITLE OF PROJECT

2. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Name and address, street, city, state, zip code)

4. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)

2b. E-MAIL ADDRESS

5. ENTITY IDENTIFICATION NUMBER

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

6. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL

2d. MAJOR SUBDIVISION

### 3. ORGANIZATIONAL CODE

E-MAIL ADDRESS

## 7. HUMAN SUBJECTS

7a. If "Yes," Exemption no.  
or

IRB approval date

☐ Full IRB or  
☐ Expedited  
Review

7b. Assurance of compliance no.

## 8. VERTEBRATE ANIMALS

8a. If "Yes,"  
IACUC approval  
date

8b. Animal welfare assurance no.

☐ No  
☐ Yes

☐ No  
☐ Yes

### 9. COSTS REQUESTED FOR NEXT BUDGET PERIOD

9a. DIRECT \$

9b. TOTAL \$

10. INVENTIONS AND PATENTS (See instructions)

☐ No    ☐ Yes    If "Yes,"    ☐ Previously reported    ☐ Not previously reported11. PERFORMANCE SITE(S) (*Organizations and addresses*)

12a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Item 2a)

AREA
CODE

TELEPHONE NO.  
AND FAX NO.

12b. NAME OF ADMINISTRATIVE OFFICIAL (Item 6)

12c. NAME AND TITLE OF OFFICIAL  
SIGNING FOR APPLICANT  
ORGANIZATION (Item 15)

E-MAIL ADDRESS

13. *Do not use this space.*

14. **PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF PI / PD NAMED IN 2a  
(In ink. "Per" signature not acceptable.)

DATE \_\_\_\_\_

15. **APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE:** I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 12c  
(In ink. "Per" signature not acceptable.)

DATE \_\_\_\_\_